

Work Order ID 92978

November-12-12 3:32:43 PM

92978

Page 1

Item ID: 647.9010

Accept

Revision ID:

Item Name: Doubler

Start Date: 12/11/2012 Start Qty: 10.00

10

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Reference:

Approvals: Process Plan: MLJ

Date: 12-11-13 Tooling:

Cust Item ID:

Setup Start *NS1*

QC:

Date: SPC (Y/N):

Customer:

Stop *NS2*

Run Start *NR1*

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

647.9000

n/c

110

110

Waterjet

FLOW CNC Waterjet

2021.063

Memo

0.00

10

0

Jan 12-11-2013

1-Cut as per Dwg
Dwg Rev: N/C
Prog Rev: N/C

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

10

0

Jan 12-11-2013

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 92978

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92978

Page 2

Item ID: 647.9010

Accept

N900040100

Setup Start

NS1**Revision ID:****Item Name:** Doubler

Stop

NS2**Start Date:** 12/11/2012 **Start Qty:** 10.00***10*****Cust Item ID:****Required Date:** 03/12/2012 **Req'd Qty:** 10.00***10*****Customer:****Reference:****Approvals:** **Process Plan:****Date:****Tooling:****Date:**

Run Start

NR1**QC:****Date:****SPC (Y/N):****Date:**

Stop

NR2**Sequence ID/
Work Center ID**
130***130***

QC

Quality Control

**Operation
Description**

QC8- Inspect parts - second check

**Set Up/
Run Hours**
0.00**Tool ID****Tool #****Plan
Code****Accept
Qty****Reject
Qty****Reject
Number****Insp.
Stamp**15
9-89
12/11/26

10

160

160

Outsource4

Outsource process - Anodize

Outsource process-Anodize per QSI017 4.1.10.1

0.00

Memo

0.00

ISSUE P/O: 19504

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

12/11/26

170

170

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Memo

0.00

12/11/26

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Work Order:	Part No. _____	Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering
NCR No. _____	Part No. _____	NCR No. _____	Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other
			Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset	Other								
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

Work Order ID 92978

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Page 3

Item ID: 647.9010

Accept

Revision ID:

Item Name: Doubler

Start Date: 12/11/2012 Start Qty: 10.00

10

Required Date: 03/12/2012 Req'd Qty: 10.00

10

N900040100

Setup Start

NS1

Stop

NS2

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

180

180

QC

Quality Control

Operation
Description

QC5- Inspect part completeness to step on W/O

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

SprayPaint

Spray Painting

Memo

0.00

10 0 0

12-12-31

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

Memo

0.00

10

DAS
05
3-89 13-01-05

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>			Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S <input type="checkbox"/>				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

Work Order ID 92978

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92978

Page 4

Item ID: 647.9010

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 12/11/2012 Start Qty: 10.00

10

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan

Accept

Reject

Reject

Insp.
Stamp

210

Identify as per dwg & Stock Location: 1396

0.00

210

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Quality Control

Memo

0.00

13/01/13 1013/1/13 10MWF13-01-09

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>						
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

Picklist Print

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Page 1

Work Order ID: 92978

92978

Parent Item: 647.9010

647 9010

Parent Item Name: Doubler

Start Date: 12/11/2012

Required Date: 03/12/2012

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.11.01 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063		Purchased		No		110	sf	112.4200	0.446	4694737			
M2024T3S 063													
2024-T3 .063 sheet													

Jm 12-11-25

Location	Loc Oty	Loc Code
MAT022	112.42	
119916	0.1	
121197	16.32	
123654	96	123654

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube <input type="checkbox"/>	General									
	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced						
	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure						
	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld						
	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled						
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved							
	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong							
	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other						
	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset								
	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration								
	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence								
	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions								

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03266			SHEET 1 OF 2		
	DWG NO. 647.9000		REV: N/C	PREPARED BY A. QUAN	DATE: 11/15/11	
	DWG TITLE: SHEETMETAL					
	APPROVED BY:	ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: CURRENT ORDER AND STOCK	
	TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE		REASON: REVISED 647.9014 MATERIAL, REVISED DIMENSIONS OF P/N 647.9012			

SHEET 1, NOTES:

NOTES: UNLESS OTHERWISE SPECIFIED

1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
PRETREAT PR-148 ADHESION PROMOTER, PRIME IAW MIL-P-23377J, TYPE I, CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120. LASER ETCH P/N AND REVISION 12PT. CENTURY GOTHIC.
5. ALL DIMENSIONS SHOWN PRIOR TO FINISH.

6 PART DIMENSIONS CONTROLLED BY CAD MODEL; FILE NAME: 647.9016 DOUBLER.SLDPRT-LAST MODIFIED 06-29-10

7. INSPECTION DIMENSIONS SHOWN WITH FINISH APPROX. 3-5 MIL MAX PER FACE.

IS

8 MATERIAL: 304SS IAW AMS 5643

9 FINISH: PRIME IAW MIL-P-23377J, TYPE I, CLASS N

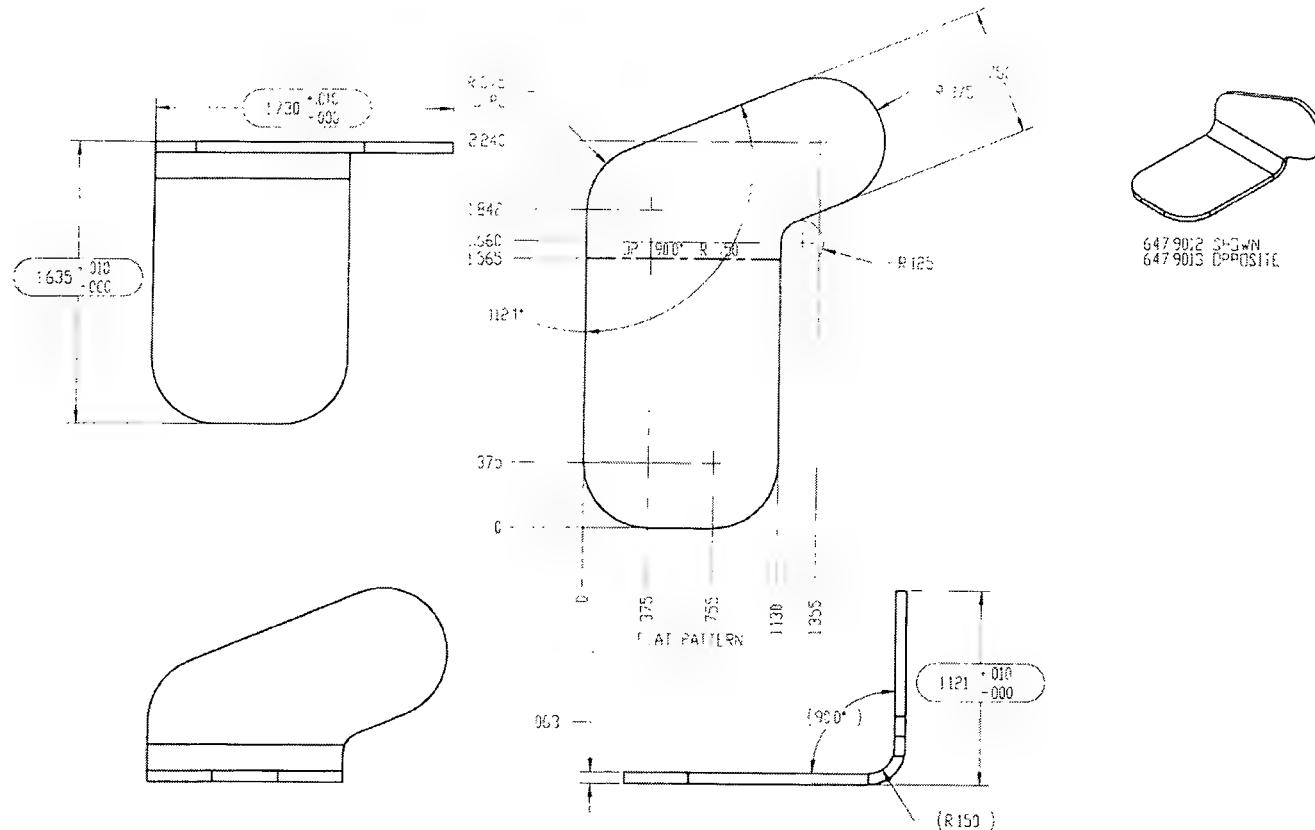
SHOP COT
RETURN TO
ENGINEER
UNCONTROLLED
SUBJECT TO AMENDMENT
WITHOUT NOTIFICATION

WORK OR
NO. 92978 MLJ
12-11-13

S	R	647.9014		STRUT BRACKET	8	9
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM	<input type="checkbox"/> CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SHEET 3, IS:

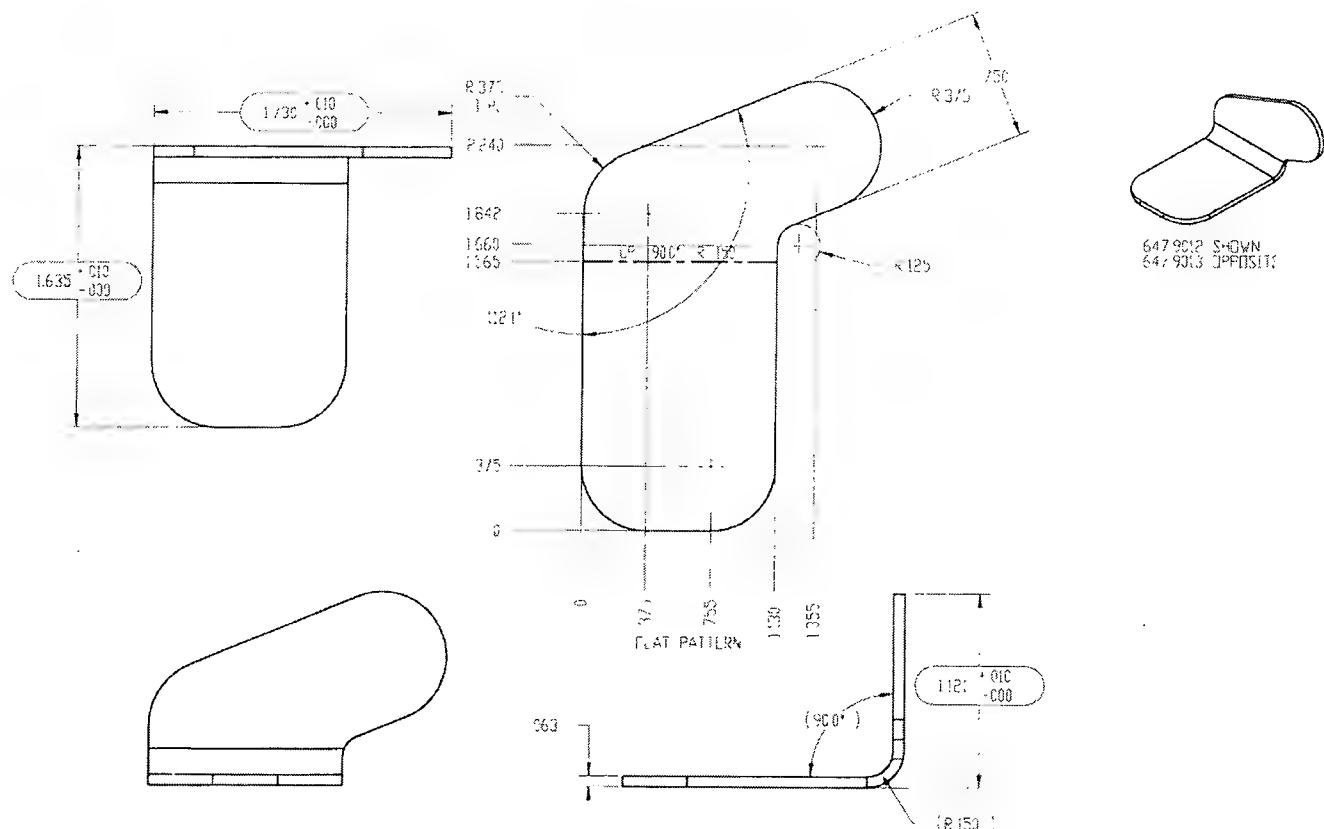
92978



F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE		NO. 03213	SHEET 1 OF 1	
	DWG NO. 647.9000	REV: N/C	PREPARED BY A. QUAN	DATE: 11/09/11	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
DWG TITLE: SHEETMETAL					
APPROVED BY:	ENGR: <i>[Signature]</i>	MFG: <i>[Signature]</i>	QC: <i>[Signature]</i>	EFF: CURRENT ORDER AND STOCK	
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: REVISED 647.9013 DIMENSIONS				

SHEET 3, IS:



F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

NOTES: UNLFSS OTHERWISE SPECIFIED

MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-25C/4

2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
PRETREAT PR-148 ADHESION PROMOTER, PRIME IAW MIL-P-23371, TYPE I, CLASS N

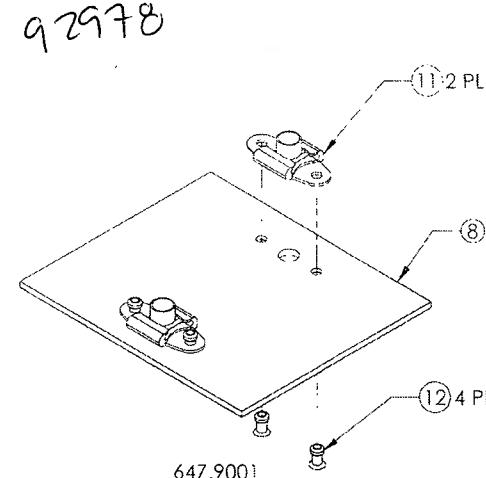
3. DEBURR AND BREAK ALL SHARP EDGES
 4. IDENTIFY IAW MPP-120. LASER ETCH P/N AND REVISION 12PT. CENTURY GOTHIC.
 5. ALL DIMENSIONS SHOWN PRIOR TO FINISH.

6 PART DIMENSIONS CONTROLLED BY CAD MODEL. FILE NAME: 647.9016 DOUBLER

 7. INSPECT DIMENSIONS SHOWN WITH FINISH APPROX. 3.5 MIL MAX PER FACE.

6 PART DIMNSNS CONTROLLED BY CAD MODEL - FILE NAME: 647.9016 DOUBLER.SLDPRT-LAST MODIFIED 06-29-1C

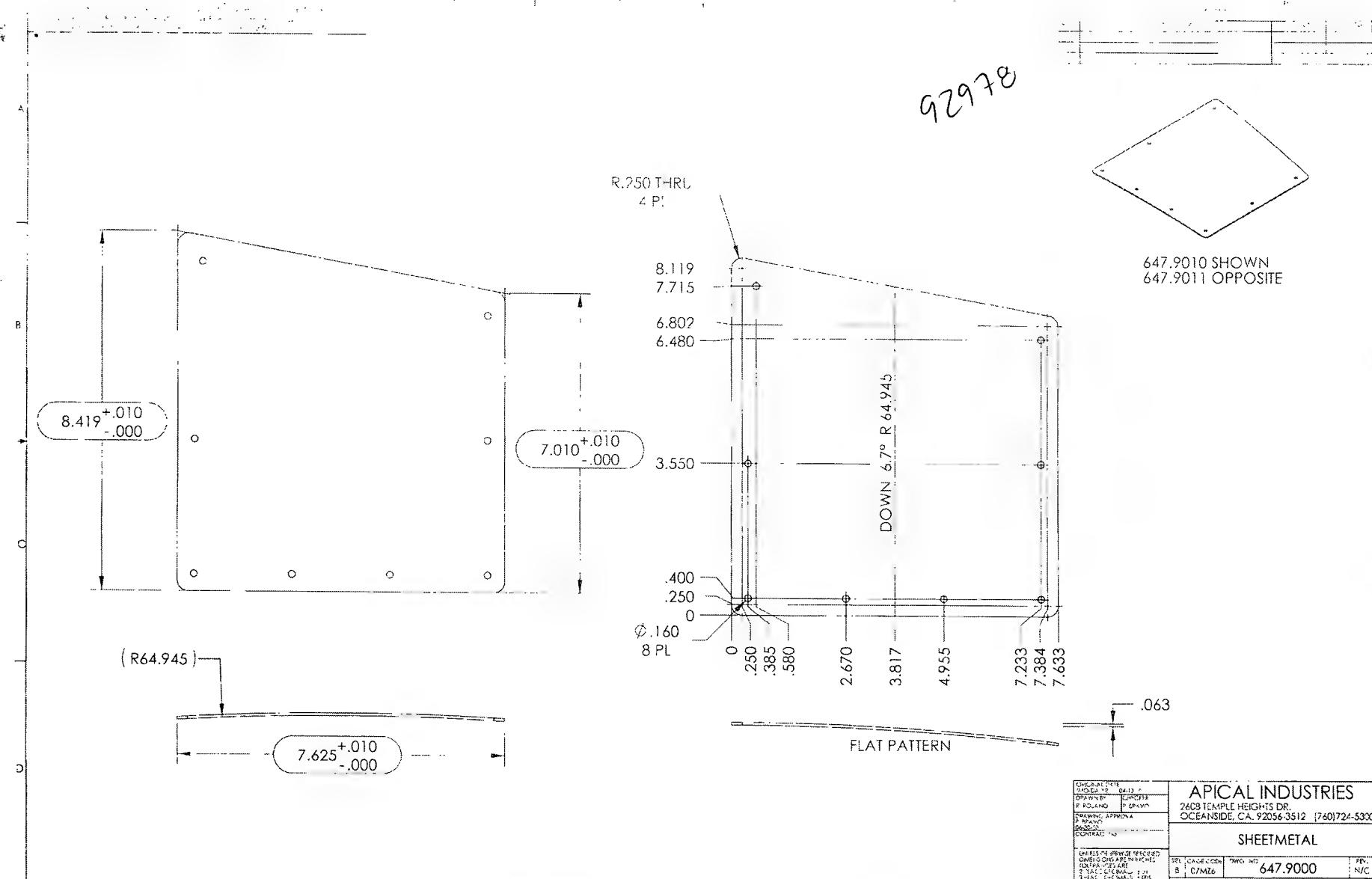
7. INSPECTION DIMENSIONS SHOWN WITH FINISH APPROX. 3-5 MI. MAX PER FACE.



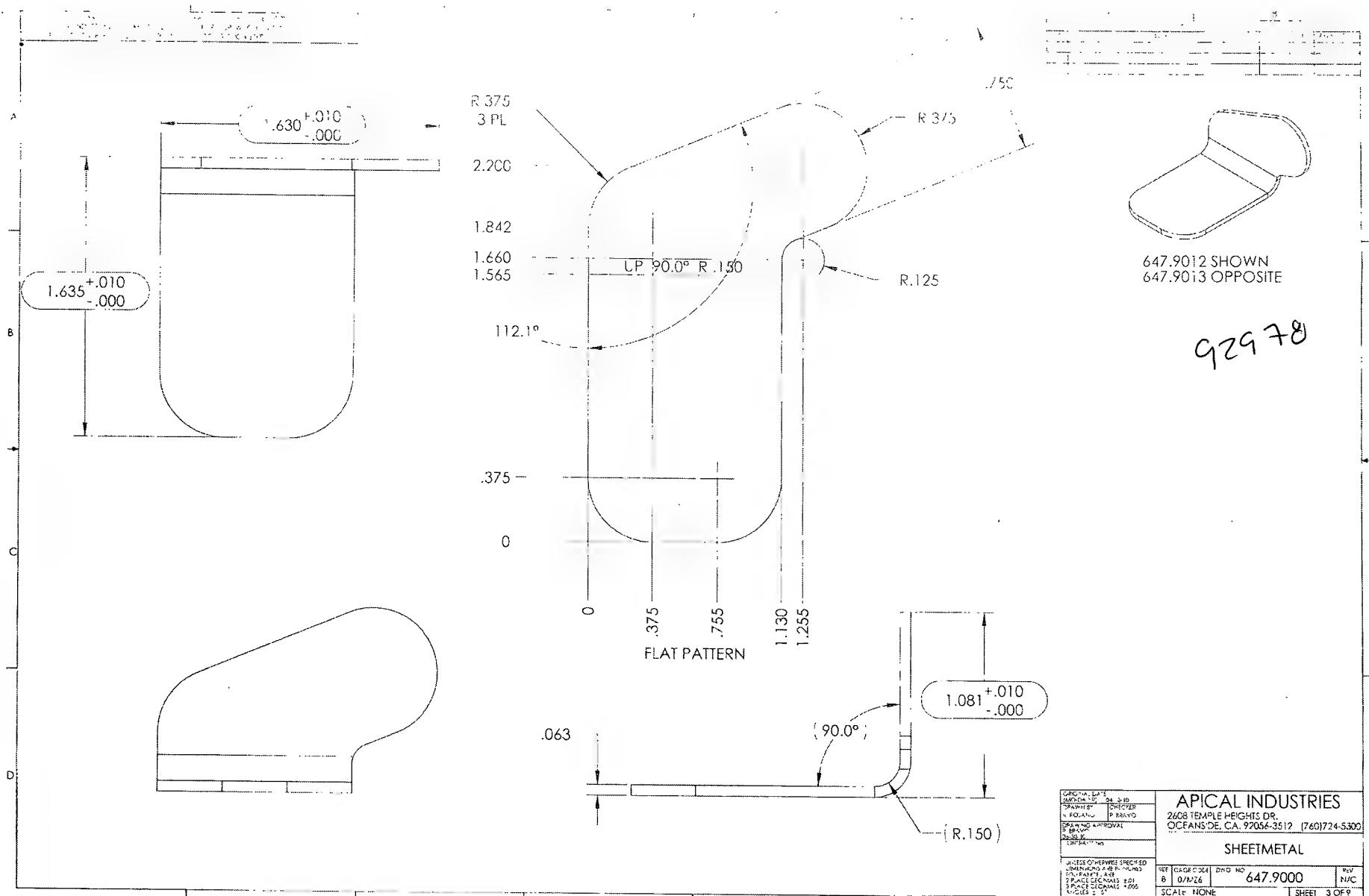
UNINCORPORATED ECN(s)

03213, 03266

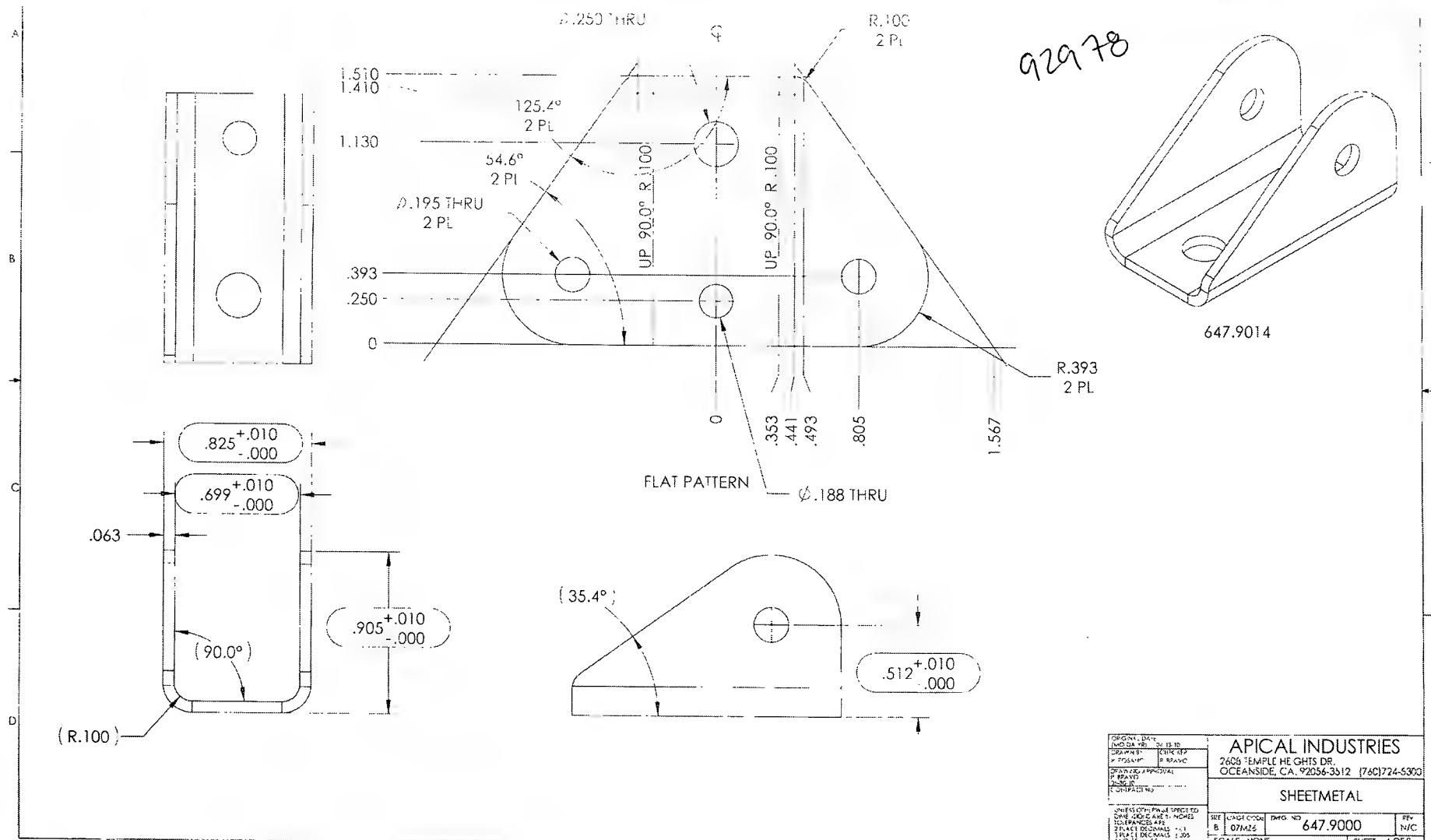
4	12	6C 2277	PIVIL	CCP12455 3-02
2	11	601.900	NUTPLATE	MAS-055 3
	10	647.9019	HINGE	△△△
	9	644.9018	DOUBLER	△△△
1	8	647.9017	DOUBLER	△△△
	7	647.9016	DOUBLER	△△△
	6	647.9015	DOUBLER	△△△
	5	647.9014	STRUT BRACKET	△△△
	4	647.9013	FWD CLP	△△△
	3	647.9012	FWD CLP	△△△
	2	647.9011	DOUBLER	△△△
	1	647.9010	DOUBLER	△△△
		647.900	DOUBLER ASSY	△△△
	9001	FIND #	PART #	DESCRIPTION
				MATL
				SPEC

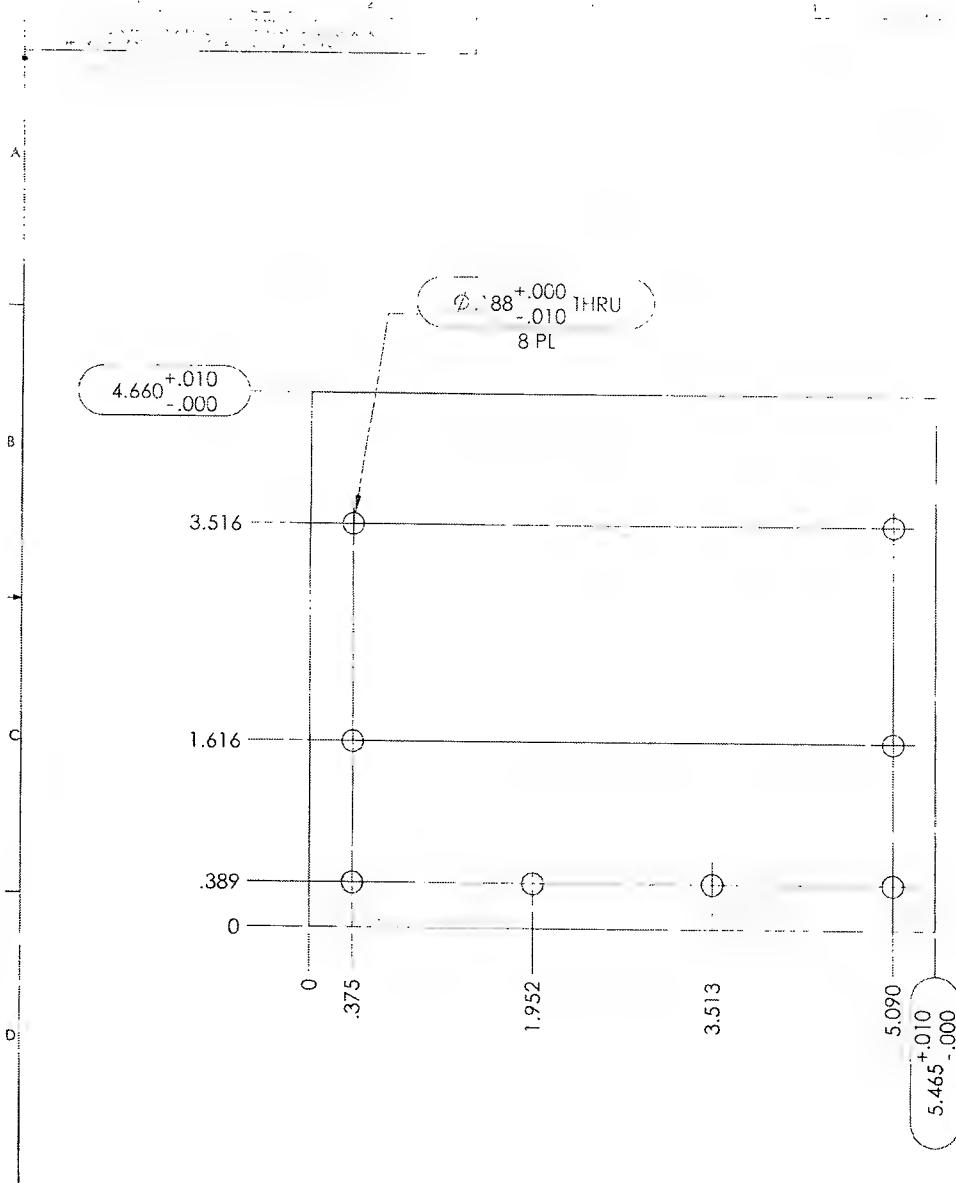


DRAWN BY	APICAL INDUSTRIES
MODIFIED BY	2603 TEMPLE HEIGHTS DR.
SPANNED BY	OCEANSIDE, CA 92056-3512 7601724-5300
ROLAND	
DRWNS	
DRAWING APPROVED	
REVISIONS	
DATE 10/20	
CONTRACT NO.	
UNLESS OTHERWISE SPECIFIED	
ALL DIMENSIONS IN INCHES	
STOCK MATERIAL 1/8 IN.	
1/4 IN. CLEAT HOLE	
AMERICAN ST	
SCALE NONE	
REV. B	
DATE 10/20	
WING NO. 647.9000	
PE. N/C	
SHEET 2 OF 9	



CHIEF ENGINEER: S. J. B. DESIGNER: S. J. B. DRAWING: P. BENO DRAWING APPROVAL: P. BENO DATE: 10/10/88 CARTER: 100	APICAL INDUSTRIES 2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92054-3512 (760)724-5300
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES AND DIMENSIONAL TOLERANCES ^{±.005} 3 PLACE DECIMALS ^{±.005} ANGLES ± 5° SCALD: NONE	SHEETMETAL REF: D1000-004 DTD: 06/06/88 B 0/N/16 647.9000 N/C SCALD: NONE SHEET 3 OF 9





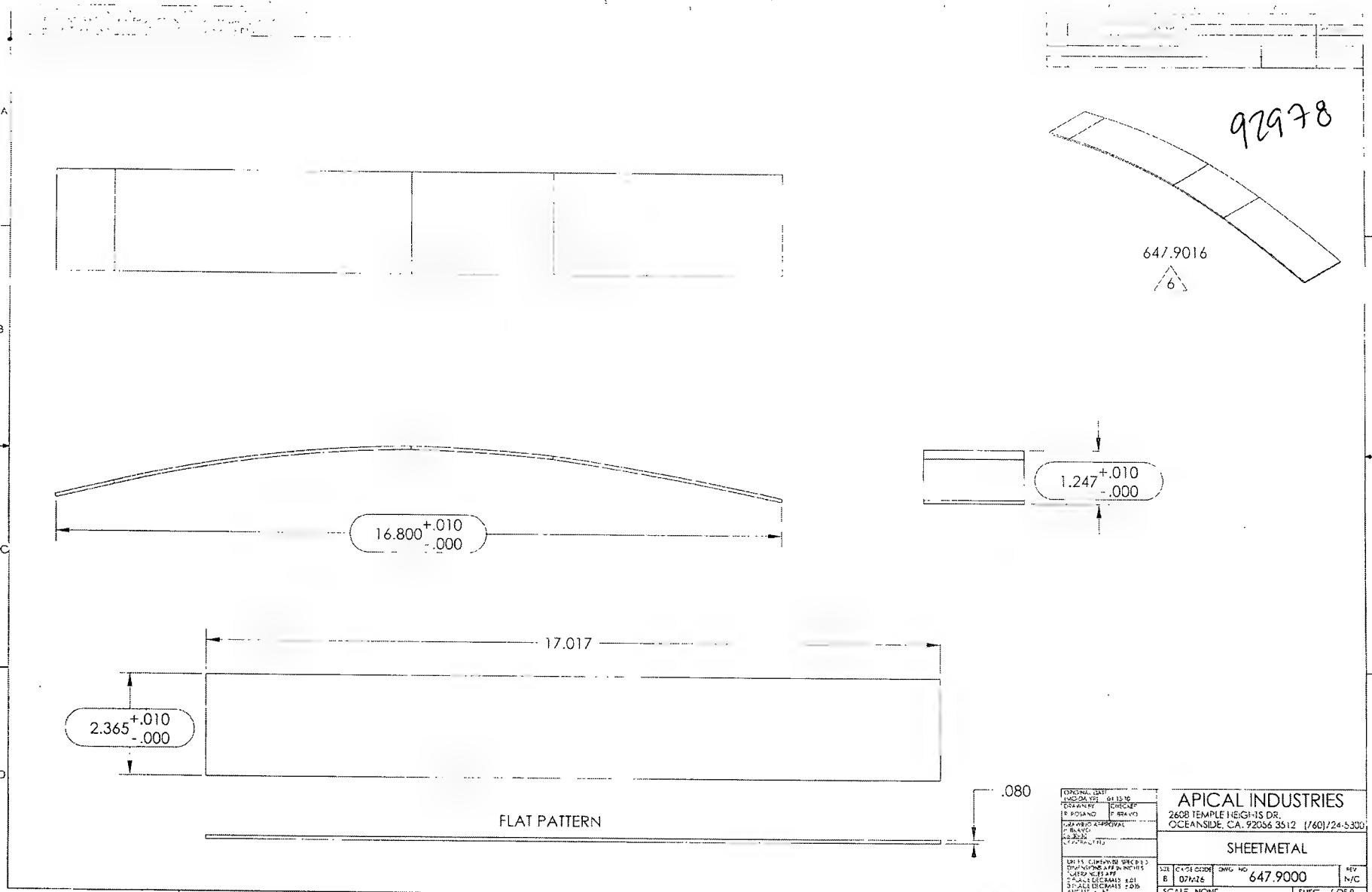
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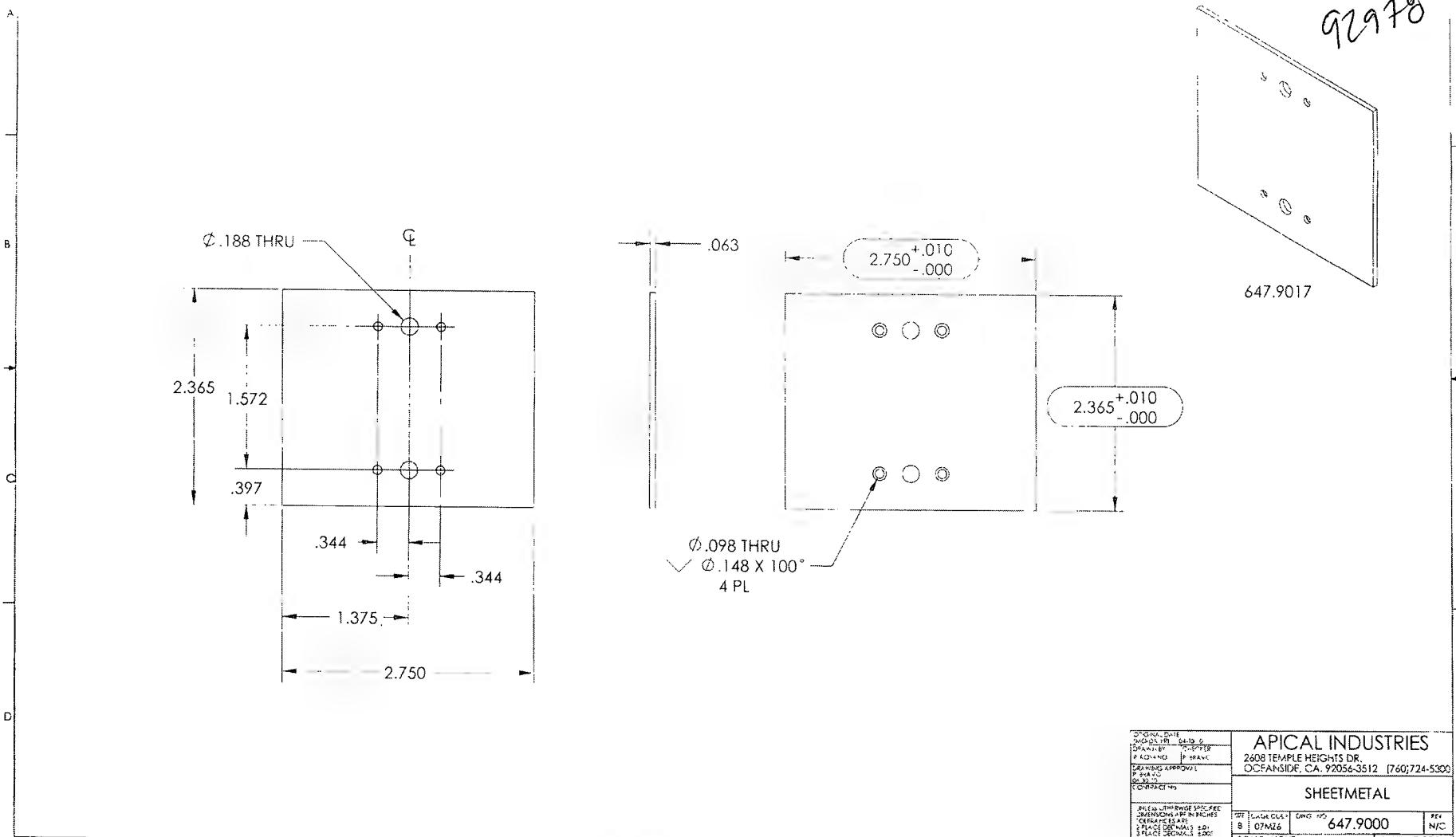
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647.9015

PRINTED DATE 10/20/99 04:11:00	APICAL INDUSTRIES
PRINTED BY R. ROSARIO - IP BURAGO	2605 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWING APPROVAL R. ROSARIO 04/20/99	
CONFIRMATION R. ROSARIO	
UNLESS OTHERWISE SPECIFIED DEVIATIONS ARE .005 INCHES DEVIANCES ARE .005 INCHES TOLERANCES ARE .005 INCHES 3 PLACES DECIMALS 2005 ANGLES ± 3°	SPC: FACE COORD. DMD. NO. 647.9000 B: 0/1M26 N/C SCALE: NONE SHEET 5 OF 9

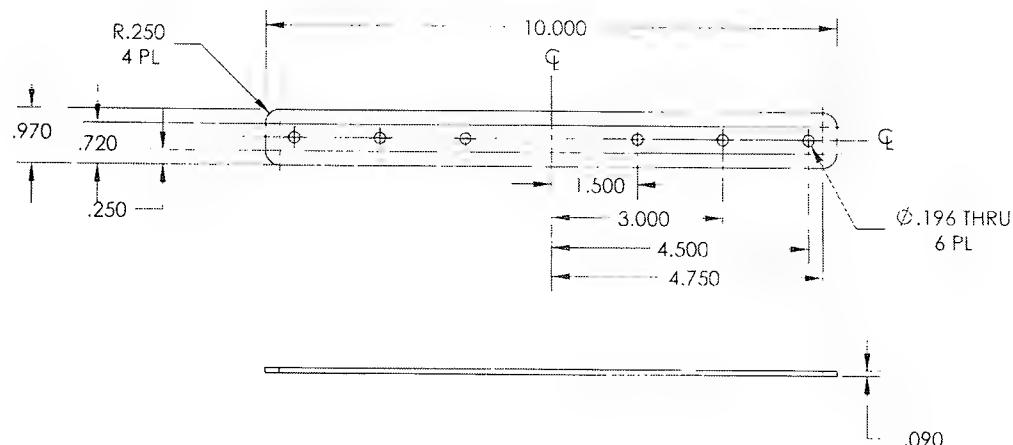




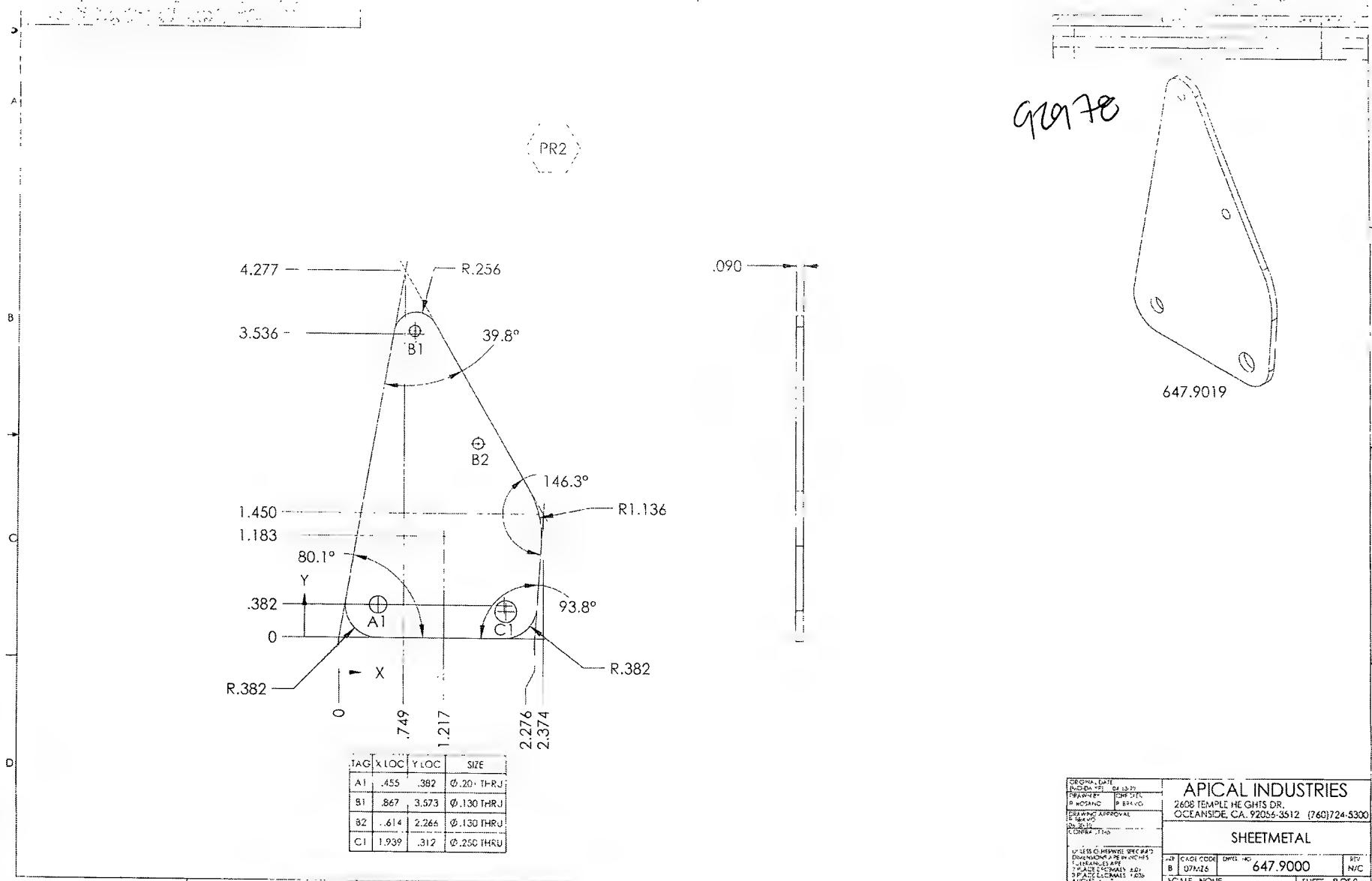
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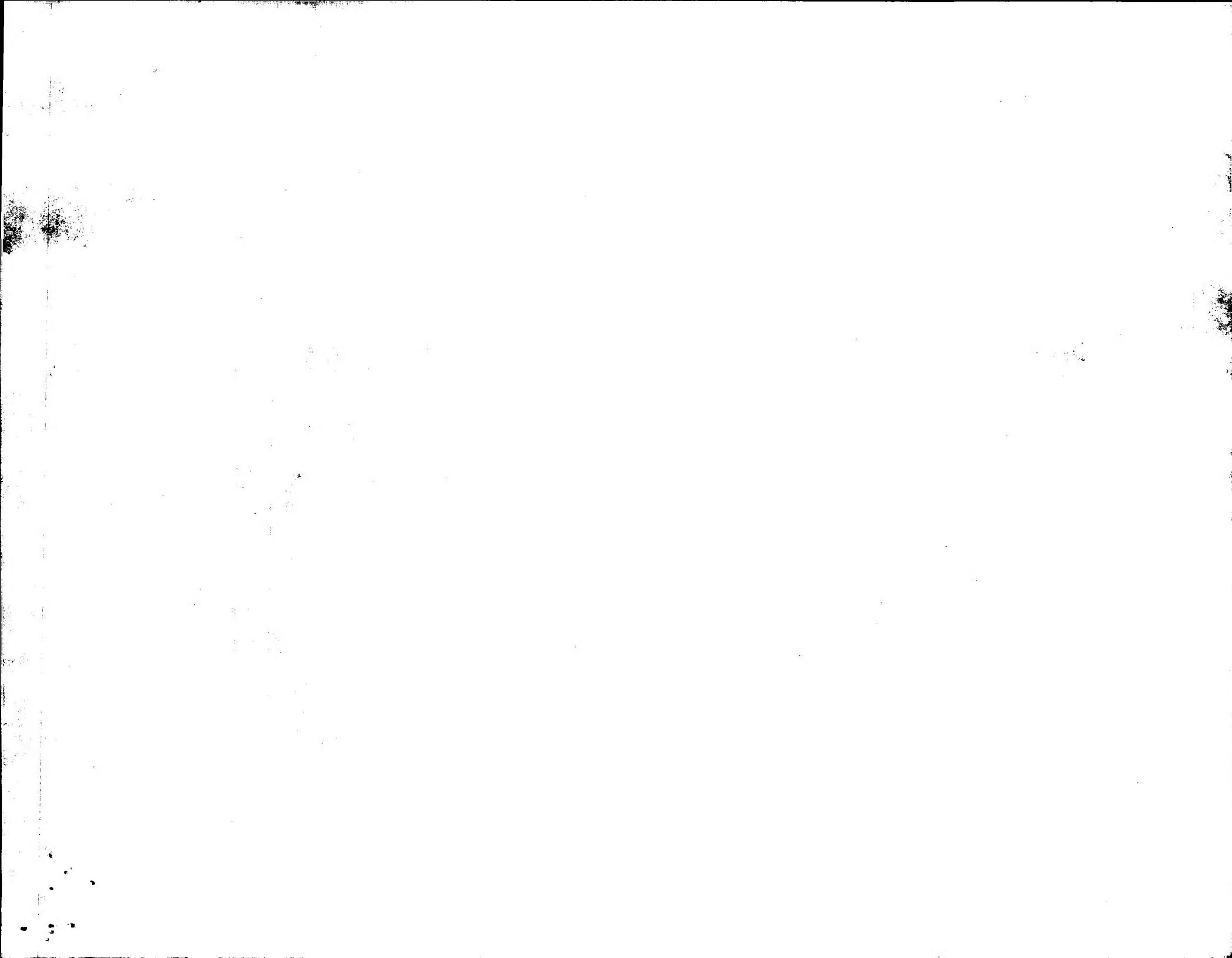
PR2

647.9018



DRWGS BY:	DATE:	REV:
REVIEWED:	APPROVED:	INITIALS:
DRAWING APPROVAL		
PRINTED BY: APICAL INDUSTRIES		
COPYRIGHT NO:		
NOTES: UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED STAINLESS STEEL 100% EXCEPT MATERIALS 10% EXCEPT MATERIALS 20% A. G. I. S. I.		
DATE:	07M16	REV:
CODE:	647.9000	N/C
SCALE:	NONE	SHEET: B OF 9





DART AEROSPACE LTD

Work Order:

93978

Description: Pen, blue

Part Number: 647.9010

Inspection Dwg: 642.9000 Rev:

FIRST ARTICLE INSPECTION CHECKLIST

248

Measured by: Jpn

Audited by: 15

Preliminary Approval:

Date: 12-11-25

Date: 10/11/26

Date:



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST 8 PCS 647.1610 5 PCS 647.1612 2 PCS 647.1713 6 PCS 647.1811 1 PC 647.1816 1 PC 647.1817 8 PCS 647.1818 11 PCS 646.3210 20 PCS 646.3313 10 PCS 646.3717 20 PCS 646.3717 16 PCS 647.4610 10 PCS 649.4811 10 PCS 649.4812 24 PCS 649.4814 30 PCS 649.4815 6 PCS 647.7913 3 PCS 647.7919 10 PCS 647.9010 10 PCS 647.9011 15 PCS 647.9012 40 PCS 647.9013 60 PCS 646.9710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2	
	Job: 20120768	PO: PO18506
		Line:
	Certificate of Conformance	
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
	DATE: 12/12/12	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

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Date: 12-Dec-12

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DART AEROSPACE LTD
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HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE: <u>mm</u> RECEIVER SIGNATURE: <u>J. C. Miller</u>